

RECEIVED

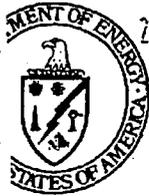
Revised 05/05

CORRES. CONTROL
INCOMING LTR NO.

00342 RF05

DUE DATE

ACTION



2005 JUN 29 P 2:35

Department of Energy

ROCKY FLATS PROJECT OFFICE
12101 AIRPORT WAY, UNIT A
BROOMFIELD, COLORADO 80021-2583

JUN 28 2005

05-DOE-00385

DIST.	LTR	ENC
BERARDINI, J.H.	X	X
BOGNAR, E.S.	X	X
BROOKS, L.		
CARPENTER, M.	X	X
CIUCCI, J.A.		
CROCKETT, G. A.	X	X
DECK, C. A.	X	X
DEGENHART, K. R.	X	X
DEL VECCHIO, D.		
FERRERA, D. W.	X	X
GIACOMINI, J. J.		
GILPIN, H.		
LINDSAY, D. C.	X	X
LONG, J. W.		
NESTA, S.		
SHELTON, D. C.	X	X
TUOR, N. R.	X	X
WARD, D.	X	X
WIEMELT, K.	X	X
ZAHM, C.	X	X
Cable, J	X	X
Fieburg, R	X	X
Wisinger, B	X	X
Biskarina, F	X	X

Ms. Sandra Johnson
U.S. Environmental Protection Agency, Region VIII
Technical Enforcement Program, 8ENF-PT
999 18th Street, Suite 300
Denver, Colorado 80202-2466

Mr. Dave Akers, Manager
Colorado Department of Public Health and Environment
Water Quality Protection Section, WQCD-PWQPS-B2
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530

Dear Ms. Johnson and Mr. Akers:

The May 2005 Discharge Monitoring Report (DMR), required by the Rocky Flats Environmental Technology Site National Pollutant Discharge Elimination System (NPDES) Permit is enclosed. During the May 2005 reporting period, there was no discharge from the Sewage Treatment Plant (Outfall STP 1), which is indicated on the forms. As directed by the form instructions, "No Discharge" is written across the form in place of data entry.

On November 24th, 2004 the co-permittees provided formal notification to the Environmental Protection Agency (EPA) of the abandonment of Outfall STP1 and requested agency action to remove the outfall from the current permit. Until that action is taken, the requirement to submit monthly reports remains in effect. Once agency action is taken, the requirement for monthly reports will be removed.

COR. CONTROL	X	X
ADMIN. RECORD	X	X

Reviewed for Addressee
Corres. Control RFP

6/29/05
Date By

Ref. Ltr. #

I certify under penalty of law that this document and all enclosures were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for

DOE ORDER #

5400.1

ADMIN RECORD

IA-A-002653

1/8

S. Johnson and D. Akers
05-DOE-00385

2

JUN 28 2005

submitting false information, including the possibility of fine and imprisonment for knowing violations.

If you have any questions or desire additional information on this matter please contact John Stover, of my staff, at (303) 966-9735.

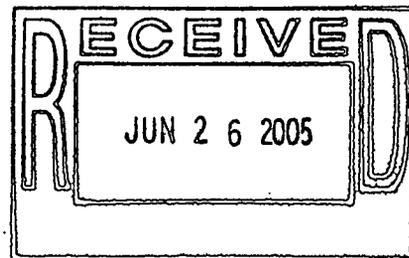
Sincerely,



Frazer R. Lockhart
Manager

Enclosures

cc w/Encs:
J. Stover, RFPM, RFPO
C. Gillespie, US EPA
L. Kaiser, Stollar
Administrative Record



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME USDBE-ROCKY FLATS FIELD OFFICE
 ADDRESS 10808 HIGHWAY 93, UNIT A
 GOLDEN CO 80403-8200

FACILITY USDBE-ROCKY FLATS FIELD OFFICE
 LOCATION GOLDEN CO 80403-8200
 ATTN: JIM LEGARE ASST MGR/ENV COMP

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 MAJOR

PERMIT NUMBER 000003333
 DISCHARGE NUMBER 011A
 MONITORING PERIOD YEAR 05 05 TO 05 05

Form Approved
 OMB No. 2040-0004

FINAL OF PROD WATER FROM EVAP
 NO. DI CHARGE
 NOTE Read instructions on reverse side of this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR CONCENTRATION			NO. PRESAMPLED EX AMPLIES	SAMPLE TYPE
		AVERAGE	MAXIMUM	MINIMUM		
CONDUCTIVITY						
00094						
EFFLUENT GROSS VALUE						
PH						
00400						
EFFLUENT GROSS VALUE						
PURGEABLE FIBERD-CARBONED MEDIA						
03768						
EFFLUENT GROSS VALUE						
FLOW						
74076						
EFFLUENT GROSS VALUE						
METALS TOTAL						
78240						
EFFLUENT GROSS VALUE						
ALPHA GROSS PARTICULATE ACTIVITY						
80045						
EFFLUENT GROSS VALUE						
GROSS BETA						
83817						
EFFLUENT GROSS VALUE						
NAME/TITLE/PRINCIPAL DESIGNATED OFFICER	OFFICER OF RECORD					
Signature	OFFICER OF RECORD					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (If needed, attach separate pages)
 IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED

THIS IS A 4-PART FORM PAGE 1 OF 4

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME USDOE-ROCKY FLATS FIELD OFFICE

ADDRESS 10808 HIGHWAY 73 UNIT A

GOLDEN CO 80403-8200

LOCATION USDOE-ROCKY FLATS FIELD OFFICE

ATTN: WASTE TREATMENT

NATIONAL POLLUTANT DISCHARGE ESTIMATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MAJOR

STATION NUMBER

DISCHARGE NUMBER

PERMIT NUMBER

MONITORING PERIOD

YEAR NO. DAY

FORM APPROVED
EPA FORM 400-0004

NOTE: Read instructions on reverse side of this form.

NO. AND TYPE OF SAMPLE

PARAMETER

AVERAGE

MAXIMUM

MINIMUM

UNITS

CONCENTRATION

AMOUNT OF POLLUTANT

TYPE

NO. AND TYPE OF SAMPLE

PARAMETER

AVERAGE

MAXIMUM

MINIMUM

UNITS

CONCENTRATION

AMOUNT OF POLLUTANT

TYPE

NO. AND TYPE OF SAMPLE

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NO. AND TYPE OF SAMPLE

PARAMETER

AVERAGE

MAXIMUM

MINIMUM

UNITS

CONCENTRATION

AMOUNT OF POLLUTANT

TYPE

NO. AND TYPE OF SAMPLE

PARAMETER

ADDRESS 10805 HIGHWAY 93, UNIT A
 GOLDEN
 USDOE-ROCKY FLATS FIELD OFFICE
 GOLDEN
 USDOE-ROCKY FLATS FIELD OFFICE
 GOLDEN

CD0001732 PERMIT NUMBER
 D14 A DISCHARGE NUMBER

YEAR	MO	DAY	TO	YEAR	MO	DAY
05	03	01		05	05	31

MONITORING PERIOD

ATTN: JOE LEONARD, ASST MGR/ENV COMP

NOTE: Read instructions before completing this form.

DISCHARGE OF H2O2, WATER FROM EVAP

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION		
	AVERAGE	MAXIMUM	UNITS	AVERAGE	MAXIMUM	UNITS

CONDUCTIVITY	SAMPLE	*****	*****	*****	*****	(11)			
0094	PERMIT	*****	*****	*****	*****	(11)			
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	(12)			
FH	SAMPLE	*****	*****	*****	*****	(12)			
00400	PERMIT	*****	*****	*****	*****	(12)			
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	(12)			
PURGEABLE HYDRO-CARBONS, METM, 601	SAMPLE	*****	*****	*****	*****	(23)			
03758	PERMIT	*****	*****	*****	*****	(23)			
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	(23)			
FLOW	SAMPLE	*****	*****	*****	*****	(23)			
74076	PERMIT	*****	*****	*****	*****	(23)			
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	(23)			
METALS, TOTAL	SAMPLE	*****	*****	*****	*****	(28)			
78240	PERMIT	*****	*****	*****	*****	(28)			
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	(28)			
ALPHA, GROSS PARTICI	SAMPLE	*****	*****	*****	*****	(17)			
80045	PERMIT	*****	*****	*****	*****	(17)			
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	(17)			
GROSS BETA	SAMPLE	*****	*****	*****	*****	(17)			
05817	PERMIT	*****	*****	*****	*****	(17)			
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	(17)			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

05817 0 0
 80045 1 0 0
 F ACTIVITY
 ALPHA, GROSS PARTICI
 78240 1 0 0
 METALS, TOTAL
 74076 1 0 0
 FLOW
 03758 1 0 0
 CARBONS, METM, 601
 00400 1 0 0
 FH
 0094 1 0 0
 CONDUCTIVITY

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

303 966 265
 05 6 28
 TELEPHONE
 DATE

IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE DID OCCUR.

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instruction directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" as specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g. Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g. Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or both.

NAME USDOE-ROCKY FLATS FIELD OFFICE
ADDRESS 10808 HIGHWAY 93, UNIT A
GOLDEN CO 80403-8200

CD0001333
PERMIT NUMBER

STP
DISCHARGE NUMBER

MAJOR

FINAL
DISCHARGE FROM SEWAGE TRMT PLT

FACILITY USDOE-ROCKY FLATS FIELD OFFICE
LOCATION GOLDEN CO 80403-8200

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
98	05	01	TO	98	05	31

*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

ATTN: JOE LEGARE, ASST MGR/ENV COMP.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****			*****		(12)		
00400 2 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****						
ALKALINITY, TOTAL (AS CaCO3)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
00410 2 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****						
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*** ****						
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
00530 2 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****						
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****						
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****						
NITROGEN, NITRITE TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
00615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
FREDER D LOUKHART
TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
303 966 2005 05 6 28
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED.

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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2. Enter "*Permittee Name/Mailing Address (and facility name/location, if different), " Permit Number," and "Discharge Number"* where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" as specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g. Enter "*Cont*," for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g. Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

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NAME USDOE-ROCKY FLATS FIELD OFFICE
ADDRESS 10808 HIGHWAY 93, UNIT A
GOLDEN CO 80403-8200

000001223
PERMIT NUMBER

STP 1
DISCHARGE NUMBER

MAJOR

F - FINAL
DISCHARGE FROM SEWAGE TRMT PLT

FACILITY USDOE-ROCKY FLATS FIELD OFFICE
LOCATION GOLDEN CO 80403-8200 (FROM

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
05	05	01	TO	05	05	31

*** NO DISCHARGE 1 ***
NOTE: Read Instructions before completing this form.

ATTN: JOE LEGARE, ASST MGR/ENV COMP.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, NITRATE TOTAL (AS N) 00620 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	(19)				
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	(19)				
CHROMIUM TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	(28)				
CHROMIUM, HEXAVALENT DISSOLVED (AS CR) 01220 2 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	(28)				
SILVER, POTENTIALLY DISSOLVED 01304 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	(28)				
CARBON TETRACHLORIDE 32102 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	(28)				
1,2-DICHLOROETHANE 32103 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	(28)				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
FRANK R. LOCKMAY
TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

FRANK R. LOCKMAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 303 966 2025
DATE 05 6 28
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED.

Paperwork Reduction Act Notice

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General Instructions

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3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
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5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" as specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
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7. Under "*No Ex*" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g. Enter "*Cont*," for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
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12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME USDDE-ROCKY FLATS FIELD OFFICE
 ADDRESS 10808 HIGHWAY 93, UNIT A
 GOLDEN CO 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

Form Approved
 OMB No. 2040-0004

CD0001333
 PERMIT NUMBER

STEP 1
 DISCHARGE NUMBER

MAJOR

F - FINAL
 DISCHARGE FROM SEWAGE TRMT PLT.

FACILITY LOCATION USDDE-ROCKY FLATS FIELD OFFICE
 GOLDEN CO 80403-8200 (FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01		05	05	31

*** NO DISCHARGE 1 ***
 NOTE: Read Instructions before completing this form.

ATTN: JOE LEGARE, ASST MGR/ENV COMP.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE		*****	*****		*****	*****		(28)			
24030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L		ONCE/ MONTH	DRAB
1,1-DICHLOROETHYLENE		*****	*****		*****	*****		(28)			
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	UG/L		ONCE/ MONTH	DRAB
1,1,1-TRICHLOROETHANE		*****	*****		*****	*****		(28)			
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	UG/L		ONCE/ MONTH	DRAB
DICHLOROETHENE, 1,2- EFFLUENT		*****	*****		*****	*****		(28)			
32676 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	UG/L		ONCE/ MONTH	DRAB
TRICHLOROETHYLENE		*****	*****		*****	*****		(28)			
39180 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	UG/L		ONCE/ MONTH	DRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****		(03)	*****	*****	*****				
50030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MGD		ONCE/ MONTH	DRAB
COLIFORM, FECAL GENERAL		*****	*****		*****	*****		(13)			
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	100N/L		ONCE/ MONTH	DRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Joe Legare
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 303 966 2025 05 0 28
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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Legal Notice

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **USDCE-ROCKY FLATS FIELD OFFICE**
 ADDRESS **10808 HIGHWAY 93, UNIT A**
GOLDEN CO 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

Form Approved.
 OMB No. 2040-0004

000001335
 PERMIT NUMBER

STP 1
 DISCHARGE NUMBER

MAJOR

F - FINAL
 DISCHARGE FROM SEWAGE TRMT FLT

FACILITY **USDCE-ROCKY FLATS FIELD OFFICE**
 LOCATION **GOLDEN CO 80403-8200**
 FROM **05 05 01** TO **05 05 31**
 ATTN: **JOE LEGARE, ASST MGR/ENV COMP.**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
05	05	01	05	05	31

*** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, CROSS PARTICLE ACTIVITY		*****	*****		*****	*****		(17)			
80045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****			(18)			
60082 6 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
60082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L			
BOD, CARBONACEOUS, PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(20)			
60358 8 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	PER-CENT			
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(23)			
81011 8 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	PER-CENT			
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(24)			
81406 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	INSY MAX RES=1 NO=0	*****	*****	*****	***			DAILY VISUAL
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(26)			
83214 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	US/L			

Handwritten notes and signatures:
 ISHAM
 [Signature]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
FRANZ R LOCKMART
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive Officer
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **303 966 2025** DATE **05 6 28**
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NAME USDOE-ROCKY FLATS FIELD OFFICE
 ADDRESS 10808 HIGHWAY 93, UNIT A
 GOLDEN CO 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

Form Approved.
 OMB No. 2040-0004

000001333
 PERMIT NUMBER

STP 1
 DISCHARGE NUMBER

MAJOR

F - FINAL
 DISCHARGE FROM SEWAGE TRMT PLT

FACILITY USDOE-ROCKY FLATS FIELD OFFICE
 LOCATION GOLDEN CO 80403-8200

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
03	05	31	TO	03	05	31

*** NO DISCHARGE ***
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ATTN: JOE LEGARE, ASST MGR/ENV COMP.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GROSS BETA	SAMPLE MEASUREMENT	*****	*****		*****	*****		(17)			
85817 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 PC/L				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 FRASER D LOUQUANT
 TYPED OR PRINTED

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Fraser D Louquant
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 303 966-2025
 DATE 05 6 28
 AREA CODE NUMBER YEAR MO DAY

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